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Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.10 (e))
required)

Attorney Docket
Number

First Named Inventor

THOMPSON, Michael P.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of and Software for Monitoring Digital Information

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached	
			Not Claimed		YES	NO
PCT/AU2004/000012	AU	01/07/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003930070		01/07/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

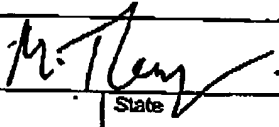

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 20 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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PTO/SB/01 (04-05)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	01209	OR	<input type="checkbox"/> Correspondence address below
Name				
Address				
City		State	ZIP	
Country	Telephone		Email	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Michael Phillip		THOMPSON		
Inventor's Signature		Date		
		21/4/06		
Residence: City	State	Country	Citizenship	
Glen Iris	Victoria	AU	AU	
Mailing Address				
66 Great Valley Road				
City	State	Zip	Country	
Glen Iris	Victoria	3146	AU	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Danny Jonathan		LESSER		
Inventor's Signature		Date		
		21/4/06		
Residence: City	State	Country	Citizenship	
Ormond	Victoria	AU	AU	
Mailing Address				
9 Gee Street				
City	State	Zip	Country	
Ormond	Victoria	3204	AU	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or OZLR attached hereto.				

(Page 2 of 2)

PTO/SB/02A (09-04)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Saul Pascal		MIDLER	
Inventor's Signature <i>Saul Midler</i>		Date 2/4/06	
Residence: City	State	Country	Citizenship
BRIGHTON EAST	Victoria	AU	AU
20 LANSDOWN STREET			
Mailing Address			
City	State	Zip	Country
BRIGHTON EAST	Victoria	3187	AU
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Lillian		PEARCE	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
50 Hoddle Street	Victoria	AU	AU
Mailing Address			
City	State	Zip	Country
Elsternwick	Victoria	3185	AU
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Braham David		RABINOV	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Unit 3/1 Milburn Grove	Victoria	AU	AU
Mailing Address			
City	State	Zip	Country
Balaclava	Victoria	3183	AU

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page 1 of 1	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Saul Pascal		MIDLER	
Inventor's Signature		Date	
Carnegie Residence: City		Victoria State	AU Country
38 Hollywood Grove		3163 Zip	AU Citizenship
Mailing Address			
Carnegie City		Victoria State	3163 Zip
			AU Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Lillian		PEARCE	
Inventor's Signature		Date	
Elstonwick Residence: City		Victoria State	AU Country
50 Hoddle Street		3185 Zip	AU Citizenship
Mailing Address			
Elstonwick City		Victoria State	3185 Zip
			AU Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Braham David		RABINOV	
Inventor's Signature		Date	
Balacleva Residence: City		Victoria State	AU Country
Unit 3/1 Auburn Grove		3163 Zip	AU Citizenship
Mailing Address			
Balacleva City		Victoria State	3163 Zip
			AU Country

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:
OR

01209

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR☐ The address associated with Customer Number:
OR☐ Firm or
Individual Name

Address

City

Country

Telephone

State


Zip

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SS/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	21/4/06
Name	Michael Philip Thompson	Telephone	0413153663
Title and Company	DIRECTOR TECHNOLOGY - SECUREWRAP D/L		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Saul Pascal Midler</i>		
Name	Saul Pascal Midler	Date	21/4/06
Title and Company	CEO SECUREWRAP P/L	Telephone	0412 557788

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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Country

Telephone

State

Zip

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>DJL</i>	Date	2/4/06
Name	Danny Jonathan Lesser	Telephone	
Title and Company	DIRECTOR SYSTEMS - SECURE RAP, PIC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ The address associated with Customer Number:
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☐ Firm or Individual Name

Address		State	Zip
City			
Country			
Telephone		Email	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Graham David Rabinov</i>	Date	04/24/06
Name	Graham David Rabinov	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted.

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ATTENTION THOMAS AHEARN

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Application Number	
Filing Date	
First Named Inventor	THOMPSON, Michael P.
Title	Method of and Software for...
Art Unit	
Examiner Name	
Attorney Contact Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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 OR

01209

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Name	Registration Number

as my/her attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 OR

☐ The address associated with Customer Number:
 OR

☐ Firm or Individual Name

Address

City

Country

Telephone

State

Zip

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/00)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	04/24/06
Name	Lillian Pearce	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to be filed by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.31 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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